

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 01952	2. Fiscal Year Covered From: 1 / 1 / 2000 Through: 12 / 31 / 2000
3. Name and address of person filing. Name Lynne Fox P.O. Box, Bldg., Room No., if any Street 22 South 22nd Street City Philadelphia State Pennsylvania ZIP Code + 4 19103	4. Name, file number, and address of labor organization. Name UNITE AFL-CIO Labor Organization File Number 037-258 P.O. Box, Building and Room Number, if any Street 22 South 22nd Street City Philadelphia State Pennsylvania ZIP Code + 4 19103
5. Position in labor organization. Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State New York ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Lynne Fox	On 4-26-05	215-751-9770
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name RDB & Sons

Trade Name, if any: Leidy Chevrolet

P.O. Box, Bldg., Room No., if any

Street 4 Parkside Court

City Mifflintown

State Pennsylvania ZIP Code + 4 17059

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

In the ordinary course of business, the UNITE AFL-CIO sometimes purchases vehicles from the automobile dealership of RDB & Sons.

11.b. Approximate dollar value of such dealing. \$64,040

12.a. Nature of interest held or income received.

My husband, Michael Brenner, is an owner in the dealership noted in question 11. The profit the dealership received from this transaction was \$1,939.

12.b. Amount. \$1,939

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Lynne Fox

File Number U- 01952

Part B Continuation Page

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2222 Paxton Street

City Harrisburg

State Pennsylvania ZIP Code + 4 17111

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

In the ordinary course of business, the UNITE AFL-CIO leases a vehicle from the automobile dealership of Brenner Car & Truck Rentals.

11.b. Approximate dollar value of such dealing.

\$3,960

12.a. Nature of interest held or income received.

My husband, Michael Brenner, is an owner in the dealership noted in question 11. The profit the dealership received from this transaction was \$0.

12.b. Amount.

\$0